Name in Full: Infant, not Named

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Indian Head — County: Charles

Date of death 1904 — Month: 12 — Day: 3. — Age: Years — Months — Days: 3

Sex: M. — Color or Race: C — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Indian Head

Married, Single or Widowed: S — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Mamie Blair — Mother's Birthplace: Md

Name of person giving Information: Thomas Brown — How related to deceased: Cousin.

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: Life Time

Immediate: Heart Failure Oedema Lungs — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. L. Hamm M.D.

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A28816

Name in Full: Charles Brawner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waldorf — County: Charles

Date of death: Month: Dec — Day: 24 — 1904

Age: Years: 96 — Months: — Days:

Sex: Male — Color or Race: C — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: At Home

Married, Single or Widowed: Widower — Name of Wife or Husband: Lethia Gwin

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: V. Brawner — Father's Birthplace: Md

Mother's Maiden Name: L. Brawner — Mother's Birthplace: Md

Name of person giving Imformation: Robt. Brawner — How related to deceased: Son

CAUSES OF DEATH

154

Primary: Old age — How long: —

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. E. Morrow

Address: Waldorf

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Joseph E. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mason Springs — County: Charles

Date of death	Month	Day	Years	Months	Days
1904	12	8	Age 4		

Sex: Male

Color or Race: C

Birthplace: Md

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Joseph A. Brown — Father's Birthplace: Md

Mother's Maiden Name: Maud Hollon — Mother's Birthplace: Md

Name of person giving Information: Peter Brown — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: 3 days

Immediate: Odema of Lungs — Heart Failure — How long: 12 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. L. Harrison M.D.

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard F. Cole

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Faulkner — County: Charles

Date of death: Month: Dec. Day: 7 1904

Age: Years: 65 Months: Days:

Sex: Male

Color or Race: Colord

Birthplace: St. Mary's Co

Occupation: Labourer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Patrick Cole

Father's Birthplace: St. Mary's Co

Mother's Maiden Name: Mary Jane Cole

Mother's Birthplace: St Mary's Co

Name of person giving Information: John Harvey

How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemmage

Immediate: Heart Failure

How long: 2 Hours

How long:

85

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Peter W. Roby J. Pius

Address: acting Coroner

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Zora Elizabeth Dent

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: La Plata — County: Charles

Date of death: Month: Nov — Day: 7 — Year: 1904 — Age: 21 Years 9 Months —

Sex: Female — Color or Race: Affician — Birthplace: Charles Co

Occupation: Domestic — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Ind. Dent — Father's Birthplace: Charles Co

Mother's Maiden Name: Eliza Smallwood — Mother's Birthplace: Charles Co

Name of person giving Imformation: Charles M. Dent — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmin Tuberculosis — How long: 1 yrs

Immediate: Lungs and Tuberculosis — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Fernandis

Address: Bel Alton Md

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Annie Dyer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gallant Green — County: Charles

Date of death 1904: Month: Dec — Day: 28 — Age: Years: 55 — Months: — — Days: —

Sex: Female — Color or Race: Col'd — Birthplace: Md

Occupation: Servant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Edward Dyer — Father's Birthplace: Md

Mother's Maiden Name: Mary Boarman — Mother's Birthplace: Md

Name of person giving information: Rent Sunday — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 yrs

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. D. Coad M.D.

Address: Bryantown, Md.

Accident or Suicide?

LIBRARY BUREAU A56816

Name in Full: Richard A. Farmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Hopkins — County: Charles

Date of death: Month: Dec — Day: 21 — 1904

Age: Years: — Months: 2 mos — Days: —

Sex: male — Color or Race: Col'd — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ed. Farmer — Father's Birthplace: Md

Mother's Maiden Name: Emma Briscoe — Mother's Birthplace: Md

Name of person giving Information: Fletcher — How related to deceased: —

92

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: "Cold" Supposition Pneumonia — How long: 1 week

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. B. Clemens M.D.

Address: Bryantown, Md.

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: Robert Farmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Lonahan — County: Chas

Date of death	Month	Day	Years	Months	Days
1904	12	24	Age 11		

Sex: Male — Color or Race: Black — Birthplace: Washington D.C.

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Lennie Lee — Mother's Birthplace: Chas Co Md

Name of person giving information: Margaret Burch — How related to deceased: aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Trouble 29 — How long: 3 weeks

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: none Attending

Address: W. T. Brawner
Coroner

Accident or Suicide?

LIBRARY BUREAU A55510

Reported by.

W. F. Brawner

Indian Ry

Name in Full: Laura Gill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Myandown — County: Charles

Date of death 1904: Month: 12 — Day: 3 — Age: Years: 60 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: Farm laborer

Name of Wife or Husband: Joseph Gill

Father's Name: Saml. Brown — Father's Birthplace: Md

Mother's Maiden Name: Julia Edelen — Mother's Birthplace: Md

Name of person giving information: William Hawkins — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 6 mo

Immediate: Heart failure — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Hebe Chapman

Address:

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Josaph Heard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomfret — County: Chas

Date of death: Month: Dec — Day: 12 — Age: Years: — Months: 8 — Days:

Sex: Male — Color or Race: Dark — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: William Hoyd — Father's Birthplace: Md

Mother's Maiden Name: Martha Hoyd — Mother's Birthplace: Md

Name of person giving information: William Hoyd — How related to deceased: Father

1904

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomach Trouble — How long: 6 months

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J P Marshall Sub Registr

Address:

Accident or Suicide? No

LIBRARY BUREAU A88513

Name in Full: Louretta Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pisgah County: Charles

Date of death: Month: Dec. Day: 13 Year: 1904 Age: Years: — Months: 5 Days: —

Sex: Female Color or Race: Collord Birthplace: Md.

Occupation: none Where Residing if not at place of death: —

Married, Single or Widowed: single Name of Wife or Husband: none

Father's Name: Joe Jackson Father's Birthplace: Md.

Mother's Maiden Name: Alice Johnson Mother's Birthplace: Md.

Name of person giving information: James Jackson How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: Natural Causes How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: none in attendence

Address:

(undertaker) C. D. Carpenter Pisgah Md.

Accident or Suicide?

LIBRARY BUREAU BOSTON

Name in Full: Alexander Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pomfret — County: Charles

Date of death: Month: Dec — Day: 2 — Year: 1904 — Age: 84 Years 10 Months 3 Days

Sex: Male — Color or Race: White — Birthplace: Charles Co

Occupation: Hone — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: James Johnson — Father's Birthplace: Chas. Co. Md

Mother's Maiden Name: Not Known — Mother's Birthplace:

Name of person giving Information: W. J. Coy — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: 15 4

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry B. Robertson

Address: Pomfret Md Rt 1

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Peter King

CERTIFICATE OF DEATH

MARYLAND

Died near Malcolm, Town; Charles, County

Date of death 1904 Month: Dec Day: 14 Age: Years 48 Months Days

Sex: male Color or Race: mulatto Birthplace: Maryland

Occupation: Farmer Where Residing if not at place of death: Prince Geo. Co., Md

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Hanson King Father's Birthplace: Virginia

Mother's Maiden Name: Sallie Thompson Mother's Birthplace: Maryland

Name of person giving Imformation: Wm King How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatic Heart + Intemperance How long: a No of years

Immediate: Intemperance + Exposure all night How long: all night

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Wm A. Marbury

Address: Aquasco Maryland

Accident or Suicide?

LIBRARY BUREAU A2851S

Name in Full: Maggie Livers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Benedict — County: Charles

Date of death 1904: Month: 12 — Day: 5

Age: Years: 32 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: [illegible]

Married, Single or Widowed: Married — Occupation: Housekeeper

Name of Wife or Husband: Stephen Livers

Father's Name: David Love — Father's Birthplace: Md

Mother's Maiden Name: Harriet Edelin — Mother's Birthplace: Md

Name of person giving information: Mrs Love — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: [illegible] — How long: 15

Immediate: Hemorrhage — How long: [illegible]

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. C. Tippett M.D.

Address: [redacted] Trilla Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: John Lucas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomonkey — County: Chas

Date of death: 1904 — Month: Dec — Day: 14 — Age: Years — Months: 18 — Days

Sex: Male — Color or Race: Dark — Birthplace: Washington Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Willis Lucas — Father's Birthplace: Washington

Mother's Maiden Name: Angie Green — Mother's Birthplace: " "

Name of person giving information: Grant Alexander — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: All his life

Immediate: Cold & Fever — How long: 1 Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sub Register

Address

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Dilsey Middleton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Nanjemoy; County: Charles

Date of death: Month: Dec; Day: 18; 1904

Age: Years: 75; Months: —; Days: —

Sex: Male

Color or Race: Black

Birthplace: Charles Co.

Occupation: Farmer

Where Residing if not at place of death: Nanjemoy

Married, Single or Widowed: married

Name of Wife or Husband: Dilsey Middleton

Father's Name: Dont Know

Father's Birthplace: —

Mother's Maiden Name: / / / / / /

Mother's Birthplace: —

Name of person giving Imformation: Frank Thomas

How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age

How long: 1 Year

Immediate: Generale Debilites

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maxmillion Clements

Address: Sub Register

Dent Side Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Slice Bam Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bremner — County: Charles

Date of death 1904: Month: Dec — Day: 26 — Age: Years: — Months: — Days: —

Sex: — Color or Race: Colored — Birthplace: Char Co Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Not Known — Father's Birthplace: —

Mother's Maiden Name: Maud Murray — Mother's Birthplace: Md

Name of person giving In formation: Henry Queen — How related to deceased: Step Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Delirium S. — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Cecil

Address: Newport Md

Accident or Suicide?

LIBRARY BUREAU A6881A

Name in Full: Allie Pickeral

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Waldorf — County: Charles

Date of death: Month: Dec — Day: 28 — 1904

Age: Years: 28 — Months: — — Days:

Sex: M — Color or Race: Black — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: Upsman

Married, Single or Widowed: Married — Name of Wife or Husband: Anna Stuart

Father's Name: Jack Pickeral — Father's Birthplace: Md

Mother's Maiden Name: Minnie Blay — Mother's Birthplace: Md

Name of person giving Imformation: James Stuart — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Two Years

Immediate: Hemorrhage — How long: Four Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. O. Monroe

Address: Waldorf Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88315

Name in Full: Sarah Posey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oak Spring — County: Charles

Date of death: 1904 — Month: Dec — Day: 12 — Years: 49 or 50 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Husband: Robert Posey

Father's Name: E Groves — Father's Birthplace: Md

Mother's Maiden Name: Ellen Mason — Mother's Birthplace: Md

Name of person giving Information: John Scott — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Extensive Burn from Explosion — How long: lived about

Immediate: of oil Lamp — How long: 36 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. F. Speake

Address: Waylon Md

Accident: —

LIBRARY BUREAU A88516

Name in Full: John Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Faulkner — County: Charles Co

Date of death 1907: Month: Dec — Day: 12 — Age: Years: 29 — Months — Days

Sex: Male — Color or Race: African — Birthplace: Charles Co

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Queen — Father's Birthplace: Charles Co.

Mother's Maiden Name: Birdine Thompson — Mother's Birthplace: Charles Co

Name of person giving Imformation: Charles D Queen — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Toxemia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Spencer

Address: Bel Alton Md

Accident or Suicide?

LIBRARY BUREAU A6851S

Name in Full: George Robeson

CERTIFICATE OF DEATH

MARYLAND

Died at: Pomonkey (Town) — Chas (County)

Date of death 1904: Month Dec — Day 26

Age: Years — Months — Days 10 m

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Robeson — Father's Birthplace: Virginia

Mother's Maiden Name: Martha Jinkens — Mother's Birthplace: Pittsylvania

Name of person giving information: George Butler — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —

Immediate: Strangle — How long: 1 Day

How long: 10 m

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. P. Hagan Sub Register

Address: [redacted]

Accident or Suicide? No

Name in Full: Henry Robeson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomonkey; County: Chas

Date of death: 1904 Month: Dec Day: 28

Age: Years: Months: Days: 3

Sex: Male

Color or Race: Brown

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Robeson

Father's Birthplace: Virginia

Mother's Maiden Name: Hagnes Gray

Mother's Birthplace: Princegeo

Name of person giving information: George Biddle

How related to deceased: Son

CAUSES OF DEATH

Primary:

How long:

Immediate: Convulsions

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John T. Marshall

Address: Sub Reg Pomonkey

Accident or Suicide?

LIBRARY BUREAU A33513

Name in Full: John N. Roby

CERTIFICATE OF DEATH

MARYLAND

Died at: White Plains | Town | County: Charles

Date of death: Month: Dec | Day: 13 | Years: 43 | Months | Days

Age

Sex: Male | Color or Race: White | Birthplace: Charles County Md

Occupation: Farmer | Where Residing if not at place of death: At Home

Married, Single or Widowed: Married | Name of Wife or Husband

Father's Name: John H. Roby | Father's Birthplace: Maryland

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information: Ethelbert Roby | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia | How long: Eight days

Immediate: Exhaustion | How long: Short while

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. O. Monroe

Address: Waldorf Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full — Ross

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: McConchie — County: Md

Date of death 1904 — Month: 12 — Day: 6 — Age — Years: — Months: — Days: 1y

Sex: Male — Color or Race: Black — Birthplace: McConchie Md

Occupation: None — Where Residing if not at place of death: McConchie Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Henry Ross — Father's Birthplace: Charles Co Md

Mother's Maiden Name: Rebecca Smith — Mother's Birthplace: " " "

Name of person giving Information: Henry Ross — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bowel Complaint — How long: One week

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: none Attending

Address: W. F. Brawner

Dube R 25

Accident or Suicide?

LIBRARY BUREAU A66816

Reported by

W. F. Brannen

Enid Rice

Name in Full: Frances Cecilia Semsley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bryantown; County: Charles

Date of death: Month: Dec. Day: 2 1904

Age: Years: 27 Months: — Days: —

Sex: Female Color or Race: Col'd Birthplace: Md

Occupation: Housekeeper Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Joseph D. Semsley

Father's Name: Frank Blackiston Father's Birthplace: Md

Mother's Maiden Name: Josephine Robinson Mother's Birthplace: Md

Name of person giving Information: Philip Semsley How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia How long: 1 month

Immediate: Suicide by hanging How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis C. Carrico

Address: Bryantown, Md.

Accident or Suicide? Suicide

LIBRARY BUREAU A88316

Name in Full: Eva [illegible] Smallwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: La Plata; County: Charles

Date of death 1904: Month: Dec; Day: 31; Years: Age about 40 yrs; Months; Days

Sex: female; Color or Race: colored; Birthplace: Chas Co

Occupation: washwoman; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband: Hilary Smallwood

Father's Name: Thos. Jacks; Father's Birthplace: Chas Co

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: H. Smallwood; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of Heart; How long: several years

Immediate: aortic insufficiency; How long: died suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Owen, M.D.

Address: La Plata Md

~~Accident or Suicide~~?

LIBRARY BUREAU A66516

Name in Full: Ollie Smallwood.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pisgah — County: Charles

Date of death: Month: 12 — Day: 23 — 1904

Age: Years: 13 — Months — Days

Sex: M — Color or Race: C — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: S — Name of Wife or Husband:

Father's Name: William Smallwood — Father's Birthplace: Md

Mother's Maiden Name: Emilie Mongomery — Mother's Birthplace:

Name of person giving information: Frank Smallwood — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 2 weeks

Immediate: Heart Failure — How long: 4 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Accident or Suicide?

Signature of Physician: Samuel L Hannum

Address: Mason Springs Md.

LIBRARY BUREAU A66816

Name in Full: Sallie Smoot-

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mechanicsville — County: Charles

Date of death 1907: Month: Dec — Day: 29 — Age: Years: 19 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Chas Co

Married, Single or Widowed: single — Occupation: House servant-

Name of Wife or Husband:

Father's Name: Jos Smoot- — Father's Birthplace: Chas Co

Mother's Maiden Name: Emma Murry — Mother's Birthplace: Chas Co

Name of person giving information: Henry Lewis — How related to deceased: Step Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Kidney trouble — How long: 3 days

How long: 120

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. L. Cecil

Address:

Accident or Suicide?

LIBRARY BUREAU A38518

Name in Full: Etta Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Piscataway — County: Charles

Date of death 1904: Month: 12 — Day: 20

Age: Years: 15 — Months: 7 — Days: 6

Sex: Femal — Color or Race: C — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: S — Name of Wife or Husband:

Father's Name: John H. Turner — Father's Birthplace: Md

Mother's Maiden Name: Nancy Barnes — Mother's Birthplace: Md

Name of person giving Information: J. H. Turner — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis. — How long: Two Years

Immediate: Anemia Heart Disease — How long: Four months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Clement L. Hannon M.D.

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: James Venson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wilson — County: Charles

Date of death 1904: Month: Dec — Day: 27 — Age: Years: 21 — Months — Days

Sex: Male — Color or Race: B — Birthplace: Charles Co Md

Occupation: Laborer — Where Residing if not at place of death: Wilson

~~Married~~, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Venson — Father's Birthplace: Charles Co Md

Mother's Maiden Name: Sarah Mathews — Mother's Birthplace: " " "

Name of person giving Imformation: Frank Venson — How related to deceased: Bro

CAUSES OF DEATH

Primary: Dropsy — How long: 1 year 8 mo

Immediate: Cold — How long: 7

* PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximillian Clements

Address: Lot Rept

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Emily Wallace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near La Plata — County: Charles

Date of death: Month: Oct — Day: 9 — 1904

Age: Years: 65 — Months: — — Days: —

Sex: female — Color or Race: colored — Birthplace: Charles Co

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Wilson Wallace

Father's Name: Sam Young — Father's Birthplace: Charles Co

Mother's Maiden Name: Anna — — Mother's Birthplace: Charles Co

Name of person giving Information: Magnolia Wall — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: —

Immediate: Cardiac asthma — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Owen M.D.

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A88316